

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**ARTICLES OF MERGER**

**Minimum Fee \$10.00 (See §1401)**

\_\_\_\_\_  
(Merged Maine Corporation)

**INTO**

\_\_\_\_\_  
(Surviving Maine Corporation)

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to 13-B MRSA §904, the undersigned corporations execute and deliver the following Articles of Merger:

**FIRST:** To be completed by the surviving corporation:  
("X" one box only.) ☐ public benefit corporation ☐ mutual benefit corporation

**SECOND:** The plan of merger is set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

**THIRD:** ("X" one box only for each corporation.) As to each participating corporation, the plan of merger was adopted in the following manner:

Name of Corporation \_\_\_\_\_

☐ By the members at a meeting on (date) \_\_\_\_\_, at which a quorum was present and such plan received at least a majority of the votes which members were entitled to cast.

☐ If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date) \_\_\_\_\_, and such plan received at least the percentage of votes of the members required by the Articles of Incorporation.

☐ By the written consent of all members entitled to vote with respect thereto, dated \_\_\_\_\_, without resolution of the board of directors.

☐ There being no members, or no members entitled to vote thereon, the plan was adopted by a majority vote of the board of directors in office at a meeting held on \_\_\_\_\_.

Name of Corporation \_\_\_\_\_

☐ By the members at a meeting on (date) \_\_\_\_\_, at which a quorum was present and such plan received at least a majority of the votes which members were entitled to cast.

☐ If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date) \_\_\_\_\_, and such plan received at least the percentage of votes of the members required by the Articles of Incorporation.

☐ By the written consent of all members entitled to vote with respect thereto, dated \_\_\_\_\_, without resolution of the board of directors.

☐ There being no members, or no members entitled to vote thereon, the plan was adopted by a majority vote of the board of directors in office at a meeting held on \_\_\_\_\_.

**FOURTH:** The address of the registered office of the surviving corporation in the State of Maine is \_\_\_\_\_  
\_\_\_\_\_  
(street, city, state and zip code)

The address of the registered office of the merged corporation in the State of Maine is \_\_\_\_\_  
\_\_\_\_\_  
(street, city, state and zip code)

**FIFTH:** Effective date of the merger (if later than date of filing of Articles) is \_\_\_\_\_  
*(Not to exceed 60 days from date of filing of the Articles)*

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(surviving corporation)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(merged corporation)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

***MUST BE COMPLETED FOR VOTE  
OF MEMBERS***

I certify that I have custody of the minutes showing  
the above action by the members.

\_\_\_\_\_  
(name of corporation)

\_\_\_\_\_  
(signature of clerk, secretary or asst. secretary)

***MUST BE COMPLETED FOR VOTE  
OF MEMBERS***

I certify that I have custody of the minutes showing  
the above action by the members.

\_\_\_\_\_  
(name of corporation)

\_\_\_\_\_  
(signature of clerk, secretary or asst. secretary)

- \*This document **MUST** be signed by
- (1) the **Clerk or Secretary OR**
  - (2) the **President** or a vice-pres. **together with** the **Secretary** or an ass't. sec., or a 2nd certifying officer **OR**
  - (3) if no such officers, then a majority of the **Directors OR**
  - (4) if no such directors, then the **Members.**

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**